

Public Health Preparedness and Situational Awareness Report: #2020:37

Reporting for the week ending 09/12/20 (MMWR Week #37)

September 18th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

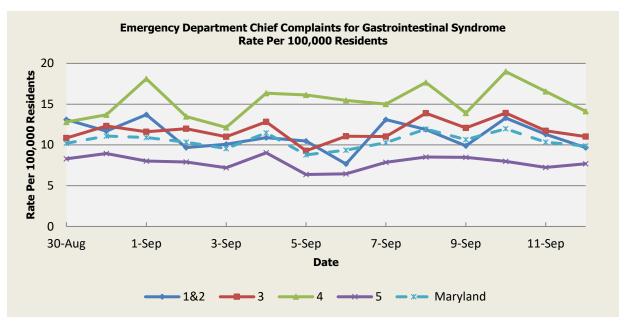
National: No Active Alerts

Maryland: ENHANCED (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

Gastrointestinal Syndrome

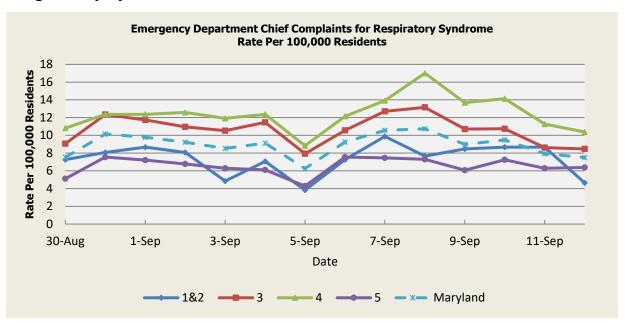


There were no Gastrointestinal Syndrome outbreaks reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	13.24	14.91	15.86	10.17	13.03		
Median Rate*	13.11	14.76	15.46	10.13	12.97		

^{*} Per 100,000 Residents

Respiratory Syndrome

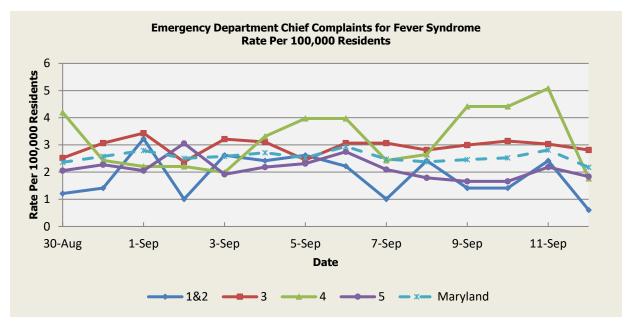


There were fifty-six (56) Respiratory Syndrome outbreaks reported this week: eight (8) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), one (1) outbreak of COVID-19 in a Correctional Facility (Region 5), one (1) outbreak of COVID-19 in a Crisis Center/Substance Abuse and Mental Health Treatment Facility (Region 3), two (2) outbreaks of COVID-19 in Daycare Centers (Regions 3,4), eleven (11) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), two (2) outbreaks of COVID-19 in Hospice Centers (Regions 3,4), two (2) outbreaks of COVID-19 in Hospitals (Regions 1&2,3), one (1) outbreak of COVID-19 in an Adult Daycare Center (Region 3), fourteen (14) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,5), one (1) outbreak of COVID-19 in an Outpatient Office (Region 5), one (1) outbreak of COVID-19 in a Residential Rehabilitation Facility (Region 5), two (2) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Region 3), one (1) outbreak of COVID-19 in a Restaurant (Region 3), seven (7) outbreaks of COVID-19 in Schools (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Shelter (Region 5), one (1) outbreak of COVID-19 in a Workplace (Regions 1&2).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	12.48	14.81	15.18	10.03	12.81	
Median Rate*	12.10	14.18	14.35	9.65	12.26	

^{*} Per 100,000 Residents

Fever Syndrome

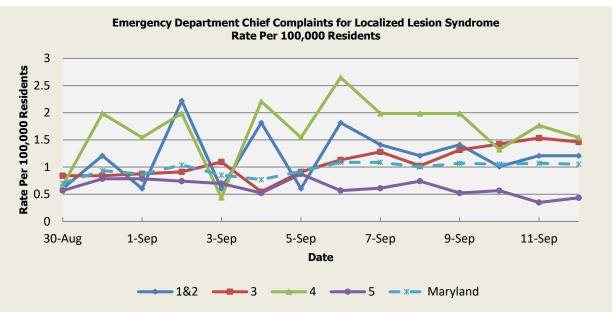


There were no Fever Syndrome outbreaks reported this week.

_		Fever Syndrome Baseline Data January 1, 2010 - Present					
	Health Region	1&2	3	4	5	Maryland	
	Mean Rate*	3.07	3.91	4.14	3.05	3.53	
	Median Rate*	3.02	3.76	3.97	2.92	3.40	

*Per 100,000 Residents

Localized Lesion Syndrome

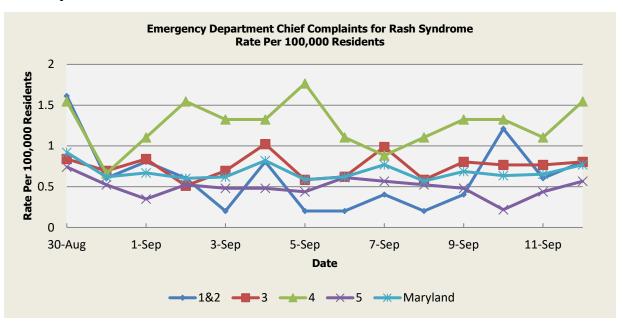


There were no Localized Lesion Syndrome outbreaks reported this week.

	Locali	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	1.16	1.72	2.00	0.88	1.37			
Median Rate*	1.01	1.68	1.99	0.83	1.32			

^{*} Per 100,000 Residents

Rash Syndrome

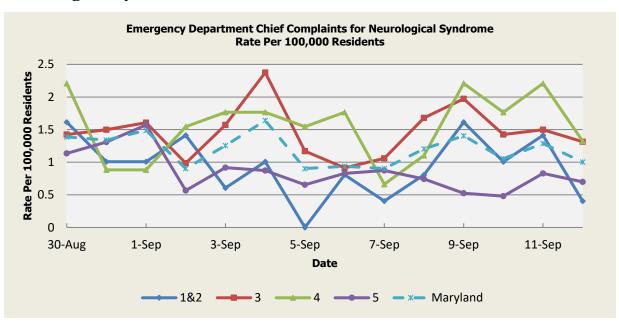


There was one (1) Rash Syndrome outbreaks reported this week: one (1) outbreak of Scabies in a Nursing Home (Region 5).

	Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.22	1.61	1.70	0.94	1.33	
Median Rate*	1.21	1.57	1.55	0.92	1.29	

^{*} Per 100,000 Residents

Neurological Syndrome

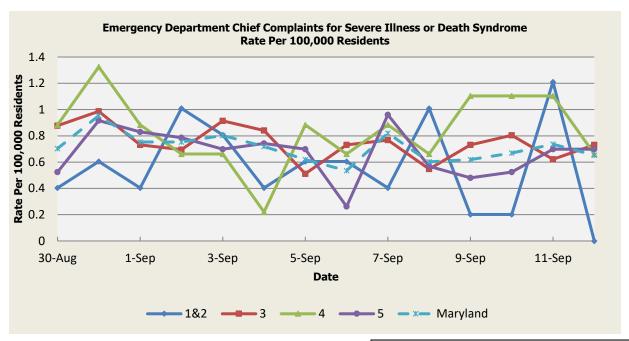


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.81	1.00	0.92	0.64	0.84	
Median Rate*	0.81	0.95	0.88	0.61	0.79	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



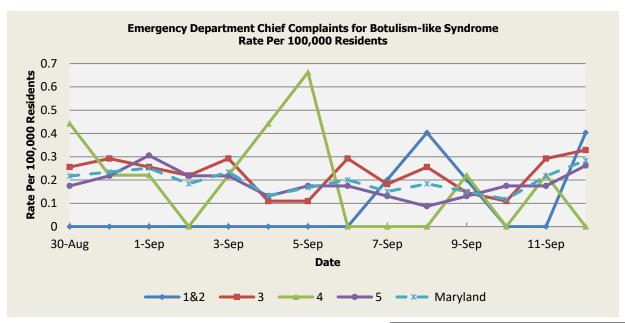
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.65	0.88	0.84	0.54	0.73		
Median Rate*	0.60	0.84	0.88	0.48	0.70		

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

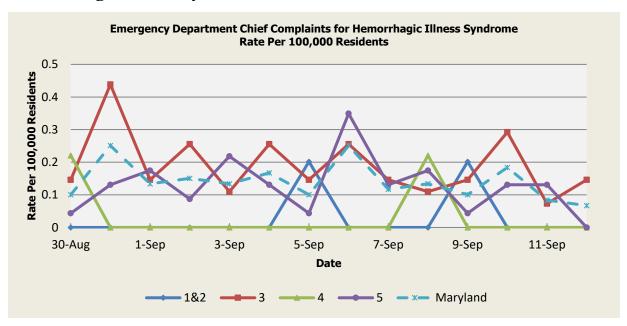


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/30 (Region 4), 8/31 (Regions 3,4,5), 9/1 (Regions 4,5), 9/2 (Region 5), 9/3 (Regions 3,4,5), 9/4 (Region 4), 9/5 (Region 4), 9/6 (Region 3), 9/7 (Regions 1&2), 9/8 (Regions 1&2), 9/9 (Regions 1&2,4), 9/11 (Regions 3,4), 9/12 (Regions 1&2,3,5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.08	0.13	0.06	0.09	0.10	
Median Rate*	0.00	0.11	0.00	0.04	0.08	

^{*} Per 100,000 Residents

Hemorrhagic Illness Syndrome

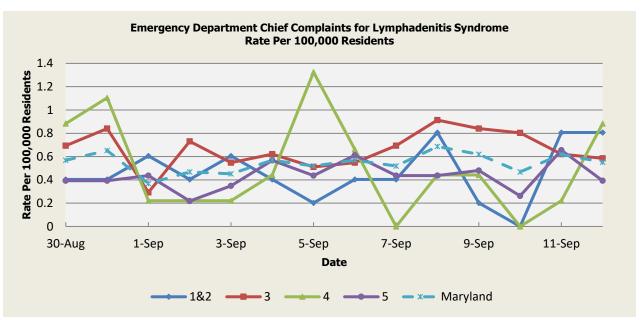


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/30 (Region 4), 8/31 (Region 3), 9/5 (Region 1&2), 9/6 (Region 5), 9/8 (Region 4), 9/9 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.05	0.17	0.04	0.15	0.14		
Median Rate*	0.00	0.11	0.00	0.09	0.10		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/30 (Region 4), 8/31 (Region 4), 9/5 (Region 4), 9/8 (Regions 1&2), 9/11 (Regions 1&2), 9/12 (Regions 1&2, 4). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.39	0.60	0.40	0.39	0.49	
Median Rate*	0.40	0.55	0.44	0.35	0.45	

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of September 18th, 2020)

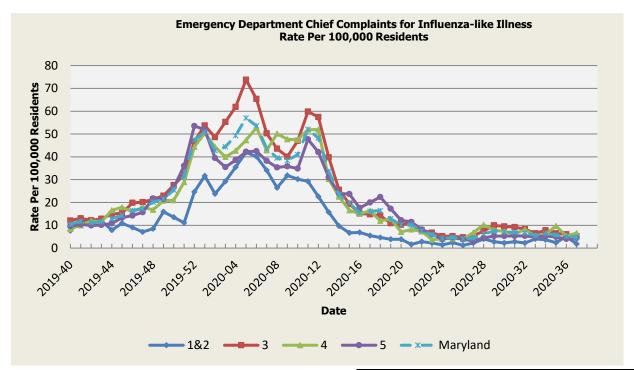
County	Number of
	Confirmed Cases
Allegany	439
Anne Arundel	9,504
Baltimore City	15,177
Baltimore County	17,288
Calvert	901
Caroline	622
Carroll	1,891
Cecil	968
Charles	2,664
Dorchester	557
Frederick	3,851
Garrett	71
Harford	2,900
Howard	4,881
Kent	293
Montgomery	21,640
Prince George's	28,361
Queen Anne's	630
Somerset	240
St. Mary's	1,241
Talbot	524
Washington	1,589
Wicomico	1,855
Worcester	975
Total	119,062

The most up-to-date information may be found on the Maryland Department of Health website at $\frac{1}{2}$ https://coronavirus.maryland.gov.

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

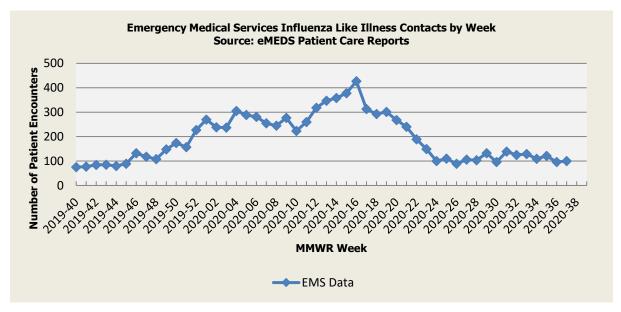
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	10.35	14.19	13.49	11.98	12.97	
Median Rate*	7.66	10.47	9.50	8.86	9.58	

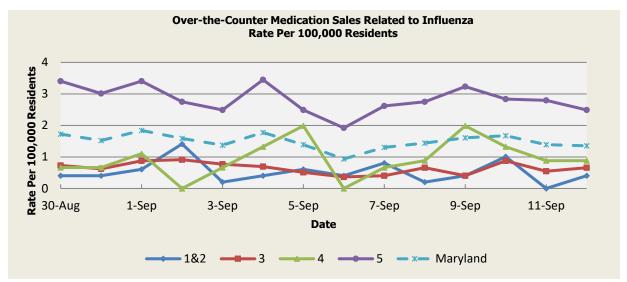
^{*} Per 100,000 Residents

Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Influenza-Related Medication Sales

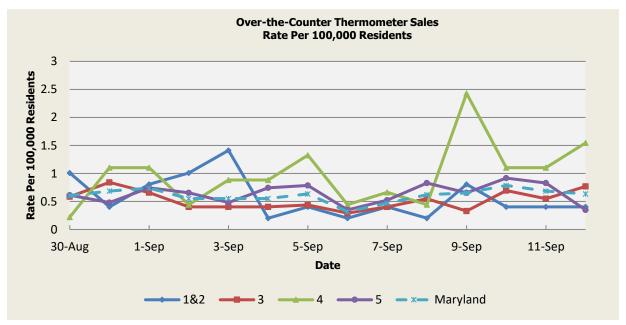


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.30	4.22	2.58	7.56	5.30
Median Rate*	2.62	3.27	2.21	6.81	4.53

^{*} Per 100,000 Residents

Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.75	2.61	2.11	3.46	2.91
Median Rate*	2.42	2.56	1.99	3.45	2.93

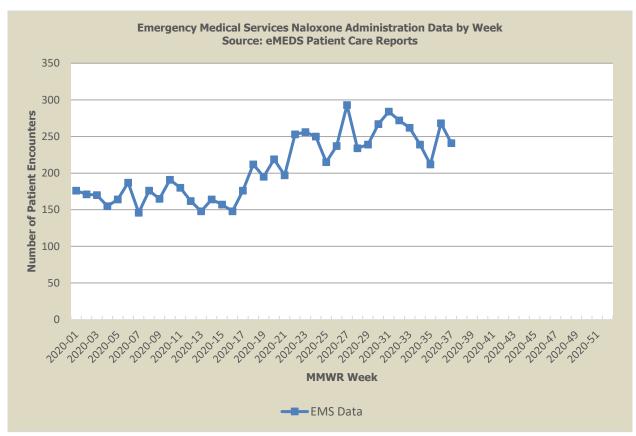
^{*} Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

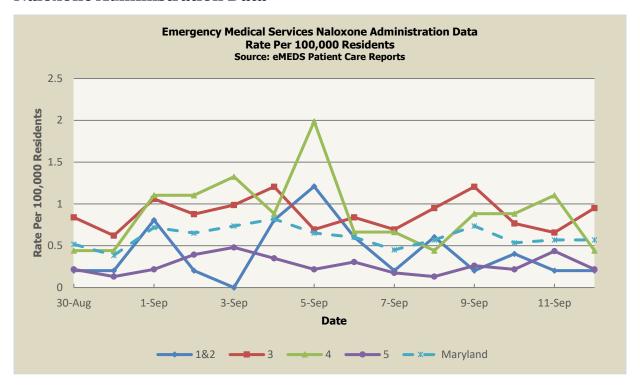
In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 18th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

WEST NILE VIRUS (FLORIDA), 16 September 2020, Miami-Dade County has now seen more than 50 reported cases of West Nile virus [infection] this year [2020], health officials say, and 5 more cases have been announced. Read More: https://promedmail.org/promed-post/?id=7787864

VIBRIO VULNIFICUS (CONNECTICUT), 15 September 2020, Connecticut state health officials have issued a warning for the public in shoreline areas about the potential dangers of exposure to salt or brackish water along Long Island Sound, due to an unusually high number of _Vibrio vulnificus_ infections. Read More: https://promedmail.org/promed-post/?id=7782085

PLAGUE (**COLORADO**), 12 September 2020, The Colorado Department of Public Health and Environment is reporting the 2nd case of human plague in the state during this summer [2020]. Read More: https://promedmail.org/promed-post/?id=7772408

INTERNATIONAL DISEASE REPORTS

BRUCELLOSIS (**CHINA**), 17 September 2020, A total of 3245 people have tested positive for brucellosis as of Monday [14 Sep 2020], in Lanzhou, Northwest China's Gansu Province, according to an investigation report into the brucellosis antibody positive event in Lanzhou Veterinary Research Institute that occurred in December 2019. Read More: https://promedmail.org/promed-post/?id=7789740

WEST NILE VIRUS (EUROPE), 17 September 2020, Between [4 and 10 Sep 2020], EU Member States reported 14 human cases of WNV [West Nile virus] infection, all by Greece. Read More: https://promedmail.org/promed-post/?id=7788767

PARALYTIC SHELLFISH POISONING (PHILIPPINES), 17 September 2020, Two children died and 4 other family members were downed by suspected paralytic shellfish poisoning in the island town of Daram in Samar [Eastern Visayas]. Read More: https://promedmail.org/promed-post/?id=7788622

LEGIONELLOSIS (**ENGLAND**), 16 September 2020, The borough has become an area of national intervention for COVID-19, with 100 new cases since Friday [12 Sep 2020] and the infection rate now "3 or 4 times higher" than it was a few weeks ago. Read More: https://promedmail.org/promed-post/?id=7782420

CORONAVIRUS DISEASE 2019 UPDATE (402): (GLOBAL), 15 September 2020, In the week from [7 through 13 Sep 2020], there were over 1.8 million new cases of COVID-19, comparable to the previous 7 days. Read More: https://promedmail.org/promed-post/?id=7779377

LEPTOSPIROSIS (**UKRAINE**), 15 September 2020, A 28-year-old woman with leptospirosis is in the intensive care unit at the City Hospital in Mykolaiv. Read More: https://promedmail.org/promed-post/?id=7778854

UNDIAGNOSED GASTROENTERITIS, WATERBORNE (PAKISTAN), 12 September 2020, Al-Khidmat foundation and DHQ hospital of Landikotal organized a medical camp for the hundreds of children and elders of Pasid Khel village the other day as, according to locals, a mysterious disease has caused the vomiting and high fever in hundreds of people, mostly children, after they used spring water for drinking at their village. Read More: https://promedmail.org/promed-post/?id=7772665

MALARIA (INDIA), 12 September 2020, Amid the COVID-19 pandemic, malaria is the new threat to Mumbai. Last month [August 2020], BMC (Brihanmumbai Municipal Corporation) recorded 2 malaria-COVID-19 co-infection deaths, of which one was from south Mumbai. Read More: https://promedmail.org/promed-post/?id=7772319

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

